

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 47

Brighton & Hove City Council

Subject:	Performance and Monitoring Older People's Services April to September 2009		
Date of Meeting:	11 th January 2010		
Report of:	Director of Adult Social Care & Housing		
Contact Officer:	Name: Ambrose Page	Tel: 295038	
	E-mail: Ambrose.page@brighton-hove.gov.uk		
Key Decision	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 To report on the performance and monitoring of Older People (OP) and Older People Mental Health (OPMH) care homes and home care, for the period 1st April to 30th September 2009.
- 1.2 For the report to cover both independent sector and council run care homes and home care.

2. RECOMMENDATIONS:

- 2.1 For members to be informed about:
 - The performance of the above mentioned services
 - How the quality of these services is monitored and the outcomes of these monitoring arrangements
 - Any particular trends in respect to the above mentioned areas
- 2.2 To require a further report that covers the period 1st October 2009 to 31st March 2010 and thereafter on a six monthly basis.

3. RELEVANT INFORMATION PERFORMANCE

Performance in Care Homes

3.1 Numbers of care homes and beds

The number of care homes and beds available in the city for both OP and OPMH has increased marginally with the opening of a new dual registered care home, see Appendix 1: Breakdown of OP and OPMH long stay care home places 30 September 2009

Last year there was an increase in the volume of planning activity and building development, both with new providers coming into the city and existing providers expanding, and there are at least a couple of new care homes that are expected to open within a couple of years. Other activity is in the earlier stages of planning and may possibly be affected by the current economic situation.

3.2 Overview of care homes with nursing

Nursing homes provide 24 hour nursing care for the most vulnerable older people. In the period 1 April 2009 to 30 September 2009 the demand for long stay nursing care home placements, both OP and OPMH remained high, but overall the trend is for fewer long stay places. The demand is for 26% fewer places compared to the same period two years ago (See Appendix 2: Number of New Nursing home placements).

3.3 Overview of residential care homes

Residential care homes provide accommodation, meals and personal care such as help with washing and eating. The intention is for fewer long stay placements to be made in both OP and OPMH residential homes. Performance is in line with the strategic direction and the overall trend is for a reduction in new placements. (See Appendix 3: Number of new Residential Placements).

The Council currently has three resource centres which provide residential and other services e.g. day care. One resource centre is registered for OP and two are registered for OPMH. These are increasingly moving to provide short stay beds, and in September 2009 there were no long-stay beds in OP services and 26 in OPMH services.

3.4 Short stay Intermediate Care and Reablement services

There is a drive towards short stay rehabilitation and reablement services. When consulted many older people say that they want to remain independent for as long as possible. Demand for Health provided intermediate care and transitional (reablement type) beds within the city continue to increase (see Appendix 4: Short term beds).

3.5 Out of area care home placements

As there is a lack of capacity in the nursing home market the council sometimes contracts with providers outside the city. Currently there are about 40 OP and OPMH who if given the choice probably would have chosen to stay in a nursing home within the city (see Appendix 5: A snapshot of nursing home beds to show those in and outside the city).

3.6. Reflections on care home performance information

The combination of a marginal increase in nursing home capacity and a predicted increase in general care home provision in the future, aligned to a decrease in the number of long term placements has the following potential benefits:

- Improved quality of provision as a result of increased competition in the care home market
- More choice of provision for service users
- A decrease in the numbers of service users needing to be placed out of City because of shortages of provision within Brighton and Hove
- Less pressure on the budget

Additionally, the decrease in the numbers of long term placements not only demonstrates the success of the short stay and Intermediate Care and Reablement services in reducing the number of long term admissions, but

also shows that the public are electing to utilise less traditional models of care.

Performance in Home Care

3.6 Number of Home Care Packages

Numbers of service users receiving Home Care from Approved Providers has decreased over the last six months; it has gone from 1550 to 1441. Direct payment increases and the impact of Intermediate Care Services and reablement maybe positive factors in this. (See Appendix 6: Number of People receiving Home Care).

The council's own home care team is focusing on working towards a reabling approach for service users which is in line with national research that confirms benefits for service users and may result in reduced numbers of referrals for home care.

3.7 Hours of Home Care Provided

Reports from independent providers demonstrate that hours of care have reduced in the last six months. If this is broken down the numbers of people supported by intensive home care packages has increased and this is line for the national trend for larger, more complex packages of care provided to people in their own homes (see Appendix 7: Home Care: Hours delivered weekly).

3.8 Overview of Home Care Market

There was a successful home care re-tendering exercise carried out in 2008-09 and the contracts were awarded to Independent Home Care Providers based on districts focused on groups of post-codes. All providers awarded a contract are rated as "Good" or "Excellent" by the Care Quality Commission (CQC formerly CSCI).

An Outcome Focused Home Care Pilot has been in place to assist with the change management process within ASC and with providers. This pilot is focusing on the person's outcomes to allow more control for the person receiving care and greater flexibility of the service to meet their changing needs and preferences. This links into all of the Department of Health (DOH) guidance on Fairer Contracting and consideration for new ways of commissioning care. Linking the feedback from Service Users into the National and Local Strategic Agendas e.g. Putting People First, and 'Our Health, Our Care, Our Say,' and the Care Standards Act 2000.

3.9 Reflections on Home Care Performance information

The decrease in the numbers of service users receiving Home Care from Approved Providers is indicative of the impact of personalisation, and Intermediate Care Services and reablement.

General performance information

3.10 Capturing Regulatory Information at a Local Level (CRILL)

The annual CRILL has been completed and this can be included in the next report, at which point the data will have been published.

MONITORING

Monitoring in Care Homes

3.11 Monitoring by the Contracts Unit

- The Social Care Contracts Unit continues to undertake desk top reviews (DTR) on all care homes in the City, gathering a range of intelligence from key stakeholders, including the outcomes of the latest Care Quality Commission (CQC) report. From this information each provider is then risk rated. This determines the intensity of future monitoring, with those providers rated as high risk receiving a focused audit to check compliance against the CQC requirements; and with those where there are serious concerns being subject to ongoing and intensive monitoring. For low to medium risk providers, they will either be written to, seeking confirmation that they have met any outstanding requirements, or will receive a contract review visit.
- In total 14 DTR's were completed in this period, resulting in 7 contract reviews and 3 focused audits being undertaken.
- Based on the CQC ratings, the overall quality of all care homes has increased between April and October. Please refer to Appendix 8 in this respect. With respect to the 2 OPMH nursing homes the City, whilst they were both rated 'good' in April 2009, one of these had received a 'poor' rating by October. Appendixes 9 to 11 provides a break down of the remaining categories of care homes, i.e. residential, residential OPMH, and nursing homes
- Aligned to this is the role of the Clinical Quality Review Nurse who is employed by NHS Brighton & Hove and whose role it is to undertake a clinical audit on all in City nursing homes. She had visited all 27 providers prior to the review period, and has been revisiting nursing homes since April 2009 to continue monitoring compliance against the clinical standards. There has been a marginal increase in quality within the review period (See Appendix 12)
- The views of service users using care home services continue to be sought by social work assessors through their completion of the Service user Satisfaction Questionnaire when visiting them. Residents continue to express high levels of satisfaction in this respect, with the majority of people stating that they are either satisfied or very satisfied with the services received. The Contracts Unit continues to ensure that any aspects of dissatisfaction are followed up through the case management route, with any themes of dissatisfaction emerging with a particular provider being addressed through the Contracts Unit quality monitoring process.

3.12 Safeguarding Adult Alerts

- Proportionate to the number of homes, Safeguarding Vulnerable Adult alerts have been most prevalent in OPMH nursing homes, though statistically, given the needs of this particular service user group, there is an expectation that a greater number of alerts will be received homes providing care for this category of resident. Nursing homes have also had a high number of alerts, including one level 4. In total there have been 26 alerts altogether, with Appendix 13 giving a breakdown of how these are distributed across the different categories of care homes. The Contracts Unit is closely aligned to the safeguarding process, and also uses information gathered in this respect to inform the desk top review. The Contracts Unit will also pick up on any quality standard issues which need following up once the safeguarding

process has reached closure, and has done so on 3 separate occasions with the review period, for two nursing homes and one OPMH nursing home.

3.13 Health and Safety Monitoring

- Health and Safety: The Service Level Agreement continues to operate between the Contracts Unit and the Health, Safety and Well-being Team to facilitate better health and safety compliance within the independent and voluntary sector. To-date the benefits with regard to care home provision have been as follows:
 - The Health and Safety Business Partner (Fire) is continuing to audit fire compliance in care homes and improving standards in this respect. To-date he has visited all providers except one, and has assessed the average level of compliance as being 92.5% throughout the sector. The most prevalent area of non compliance is providers not having in place a Personal Emergency Evacuation Plan (PEEP), and as with all areas where homes are found wanting, he will support and work with them to become compliant. If non compliance continues to become an issue, and service users are at potential risk, he will consult with the East Sussex Fire and Rescue Service who have a stronger legal mandate to take enforcement action.
 - He will also be returning to those care homes which he previously visited to start to audit more general health and safety compliance; and will also i) offer to review current Fire Risk Assessment, ii) carry out Fire Risk Assessments where it is deemed not to be suitable or sufficient, and iii) offer to carry out new Fire Risk Assessment where one is not available.
 - The take up of free Council run Contractors Health and Safety (CHAS) training, to enable providers to become CHAS accredited by 30th September 2010 has been high with the majority of providers attending these sessions.

3.14 Fairer Contracting

- With the introduction of Fairer contracting in April, providers are now included on the Preferred Provider Scheme and receive an enhanced fee rate if they are rated as good or excellent by the CQC, (with nursing homes also having to score good/excellent in their clinical audit). Additionally the Council and NHS Brighton & Hove are no longer placing in those care homes rated as poor, and these thing should act as a stimulus for providers to improve the quality of their services. Whereas in April 2009 59% of care homes were eligible to be included in the Preferred Provider Scheme, this figure rose to 66% in October 2009, signifying a 7% increase in preferred providers.

Monitoring in Home Care

3.15 Council-led quality assurance activities

- The contract management process includes audits that are carried out annually and timescales are given to providers to meet any requirements made in the audit report. Monitoring service user views are also part of the quality assurance process and these are obtained through the Impetus (previously Sixty plus action group), service user questionnaires received from care managers and other feedback. Complaints, safeguarding adults' investigations and other information are also constantly monitored.

- The Contracts Unit carried out 5 audits and 8 Contract Reviews in the period April to September 09.
- 7 incidents or complaints have been reported to the Contract Unit in the period April to September 09 (see Appendix 14 Incidents and complaints reported from Service Users who receive Home Care). One very complex complaint was investigated by the contracts unit and the outcome resulted in an improved service for the person and a plaudit for the positive outcome.
- The Impetus, 60+ Action Group have reported on 46 surveys from service users who have an independent provider in the last six months. There are high levels of satisfaction.
- The Contract Unit has received 78 reports from reviewing and care management staff in the last six months. Again there are high levels of satisfaction with any issues raised addressed by the reviewing process or by the Contracts Unit.
- There have been 14 cases involving home care staff where there have been Safeguarding Vulnerable Adult Alerts, 9 of which were unsubstantiated. All Safeguarding alerts are monitored and any themes are highlighted and are discussed with the relevant provider (see Appendix 15 for level of investigation for Home Care Services).

3.16 Carer continuity

- Carer continuity is one of the most important measures of quality of service as identified by service users. Independent providers continue to submit reports on the cases where at least one worker has been consistently working with an individual service user for the previous six months. Across the sector, approximately half the service users have this level of continuity.

3.17 Workforce developments

- **Recruitment, retention and staff turnover**
Recruitment, retention and turnover of staff continue to be an issue, more particularly in the independent sector; however the majority of Approved Home Care Providers have a staff turnover of less than 17%, which is the National Average.
- **Training**
There continues to be a high level of training activity across the home care sector, not least in response to meeting the induction and training needs of the 99 new workers who started in the last three months. The government target for the achievement of 50% of home care staff NVQ2 by 2009 has been met by the majority of Home Care Providers. This is slightly higher than with national reports on current levels of NVQ achievement. 30% of the independent providers workforce were registered for the NVQ2 qualification and working towards it. The providers who have had the longest presence in the city tend to have a higher level of NVQ qualification, probably reflecting at least in part their higher proportion of staff who have been with them for say more than 2 years.

3.18 Personalisation Developments

- **Reablement:**
Reablement is emerging as a pivotal service in the spectrum of health and social care provision that will support the delivery of Putting People First and Healthier People Excellent Care. Existing service provision has so far only

been developed 'in house'. This has in part reflected the niche that in-house providers have focused on, in the home care market and the challenges of developing such services in the independent sector. However there are key drivers for developing reablement services in the independent sector:

- To promote service user choice in service provision
- To strengthen partnership working and support business continuity across the statutory and independent sector through the promotion of a mixed economy of care

Models of delivery have been discussed with providers and work is underway for each provider to have a discreet team dedicated to reablement within existing provider services. Training and staff development will be a critical to successful delivery. A focus on outcomes will drive the commissioning and contracting process.

- **Electronic Monitoring system:** is to be introduced in the latter part of 2010, and will modernise systems and fits well with personalised services for individuals. There is potential to deliver major efficiencies that are being made by other Local Authorities who have more accurate invoices with large savings made on the difference between contracted hours and actual hours delivered. A working group and implementation plan to work in partnership with providers are to be put into place.

4. CONSULTATION

- 4.1. All monitoring arrangements relating to care homes have been agreed with the Registered Care Homes Association and the Care Quality Commission.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

There are no direct financial implications arising from this report. Services referred to in this report involve annual net spend (after client contributions, health and other joint arrangements) of approximately £31 million per annum.

Finance Officer Consulted: Anne Silley Date: 7th December 2009

5.2 Legal Implications:

There are no specific contractual/procurement issues, however in general contracts must be entered into in compliance with the Council's contract standing orders and where appropriate EU and UK procurement laws; and in such a manner as to ensure transparency, non discrimination and value for money. The Council must take the Human Rights Act into account in respect of its actions but it is not considered that any individual's Human Rights Act rights would be adversely affected by the recommendations in this report.'

Lawyer Consulted: Sonia Likhari

Date: 4th December 2009

5.3 Equalities Implications:

Equalities underpin all social care contractual arrangements.

5.4 Sustainability Implications:

There is a sustainability clause contained in the contracts underpinning these services. More specifically, the Home Care arrangements promote the sustainability agenda through the adoption of district based provision.

5.5 Crime & Disorder Implications:

None identified

5.6 Risk and Opportunity Management Implications:

The monitoring arrangements detailed in this report are in place to ensure that the Council purchases good quality services, with positive outcomes for service users. These arrangements will reduce risk, both to the service users and the Council.

5.7 Corporate / Citywide Implications:

Measuring the performance and quality of care homes and home care providers helps towards meeting the council priority of ensuring better use of public money.

6. EVALUATION OF ANY ALTERNATIVE OPTIONS

6.1. None considered.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The reasons for the report recommendations are to keep members informed about the levels of older people care home and home care provision, and its usage; along with information on the quality of provision and how this is being monitored.

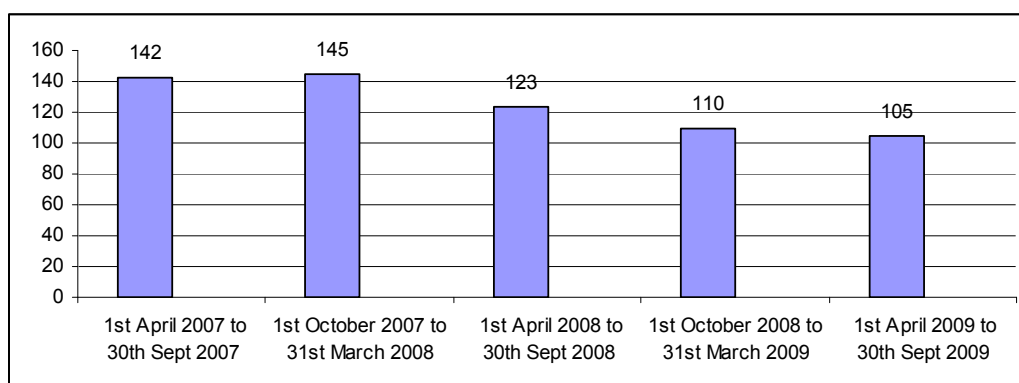
SUPPORTING DOCUMENTATION

Appendices:

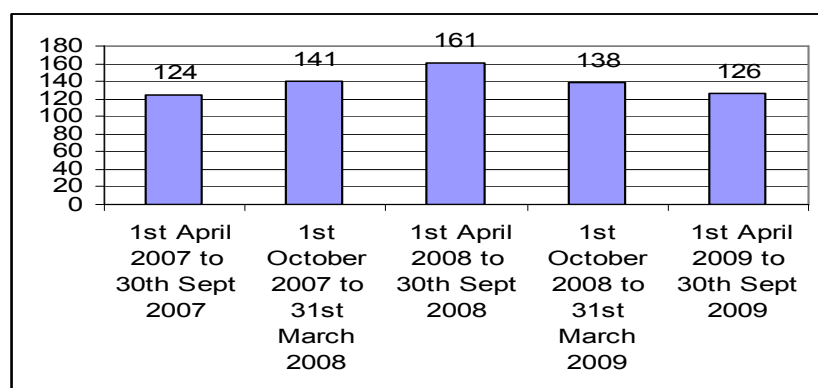
1. Breakdown of OP and OPMH long stay care home places 30th September 2009

Type of provision	Total number of predominantly long stay beds in the city		Number of homes by primary category (note some homes are registered for more than one category)		Number of Preferred Providers	
	OP	OPMH	OP	OPMH	OP	OPMH
Residential care home	681	207	30	9	25	8
Brighton & Hove City Council resource centre	0	38	0 Note Craven Vale is short stay care only	2	n/a	n/a
Care home with nursing	669	111	25	3	11	2
Totals	1,348	356	55	14	36	10

2. Number of new nursing home places



3. Number of new residential home places



4. Short term beds

Transitional re-ablement beds/flats i.e. predominantly Council

location	type of provision	number	comment
Glentworth nursing home	Independent older people nursing home	7	
Sycamore nursing home	Independent older people nursing home	6	
Ireland Lodge	Mental Health resource centre (organic)	10	Also 4 long stay 5 respite 4 flexible use
Wayfield Avenue	Mental Health resource centre (functional)	3	Also 1 flexible
New Larchwood	Extra Care housing	5/6	
Somerset Point	Sheltered Housing	1 flat	
Sanders House	Sheltered Housing	1 flat	
Craven vale	Older people resource centre	7	Also 7 respite
TOTAL		41	

Rehab beds i.e. predominantly Health

location	type of provision	number	comment
Newhaven rehab Centre	Community Beds	32	Must be returned to city by March 2010 or shortly afterwards
Knoll House	Specialist ICS provision	20	
Highgrove nursing home	Independent older people nursing home	16	

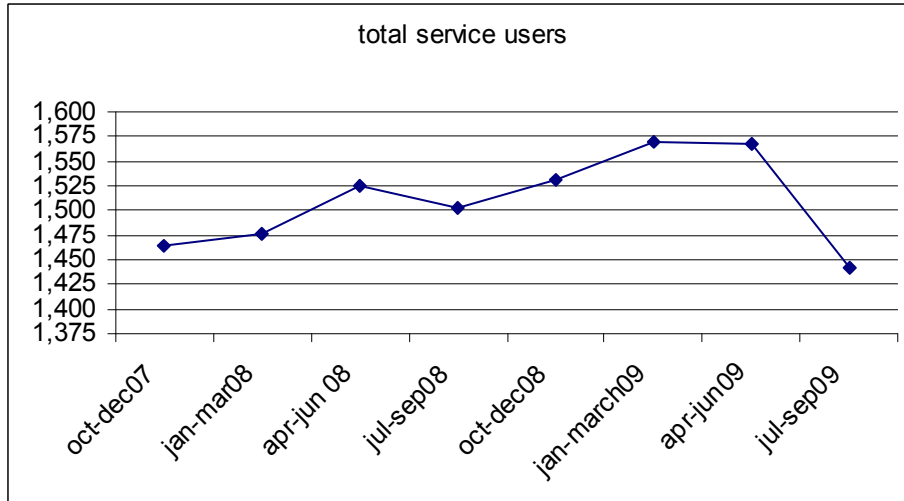
Roan	Independent older people residential home	4	
Caburn	Independent older people residential home	4	
Craven vale	Older people resource centre	17	
TOTAL inc Newhaven Rehab		93	

5. A snapshot of nursing home places to show those in and out of the city

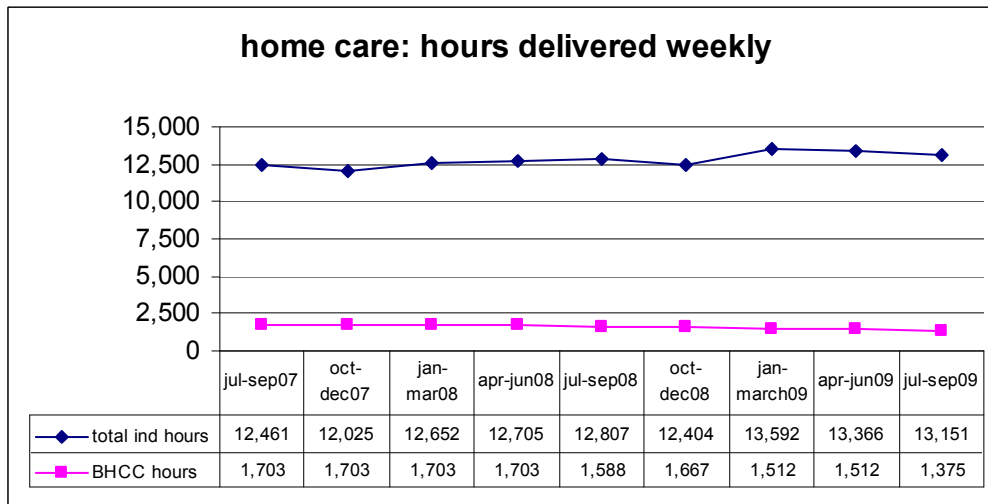
date	total	in the city	boundary of city	out of city by choice	out of city not by choice
31st March 2007	429	302	27	57	43
1st November 2007	444	315	30	60	39
31st March 2008	425	298	28	59	40
1st November 2008	419	302	25	52	40
31st March 2009	388	274	21	51	42
1 st November 2009	393	287	20	46	40

date	total	in the city	boundary of city	out of city by choice	out of city not by choice
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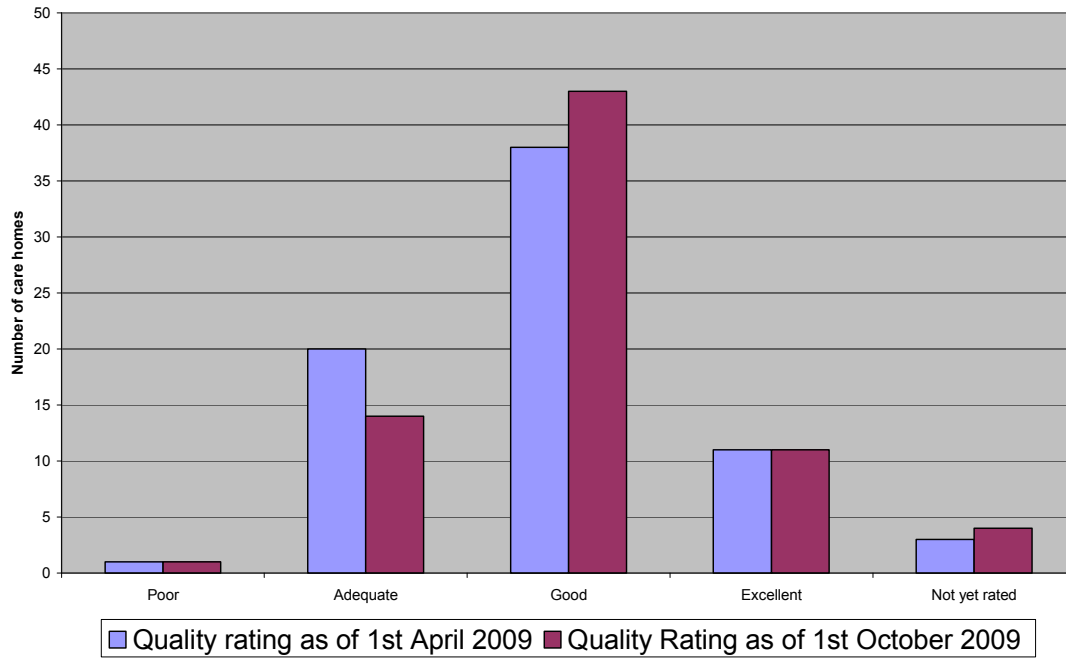
6. Number of People receiving Home Care



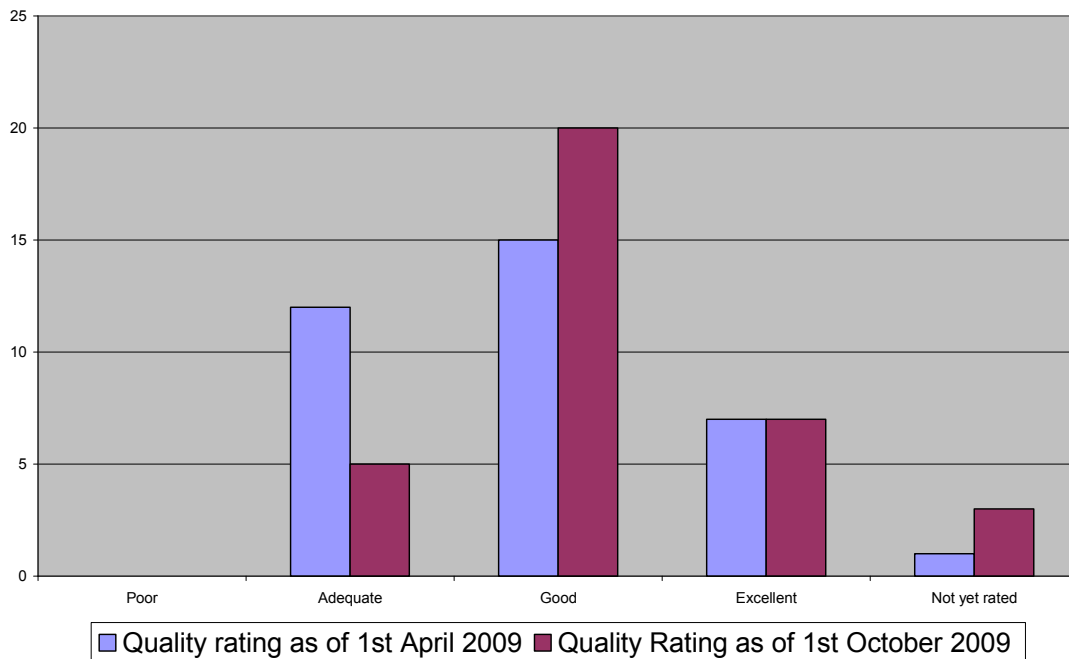
7. Home Care: Hours delivered weekly



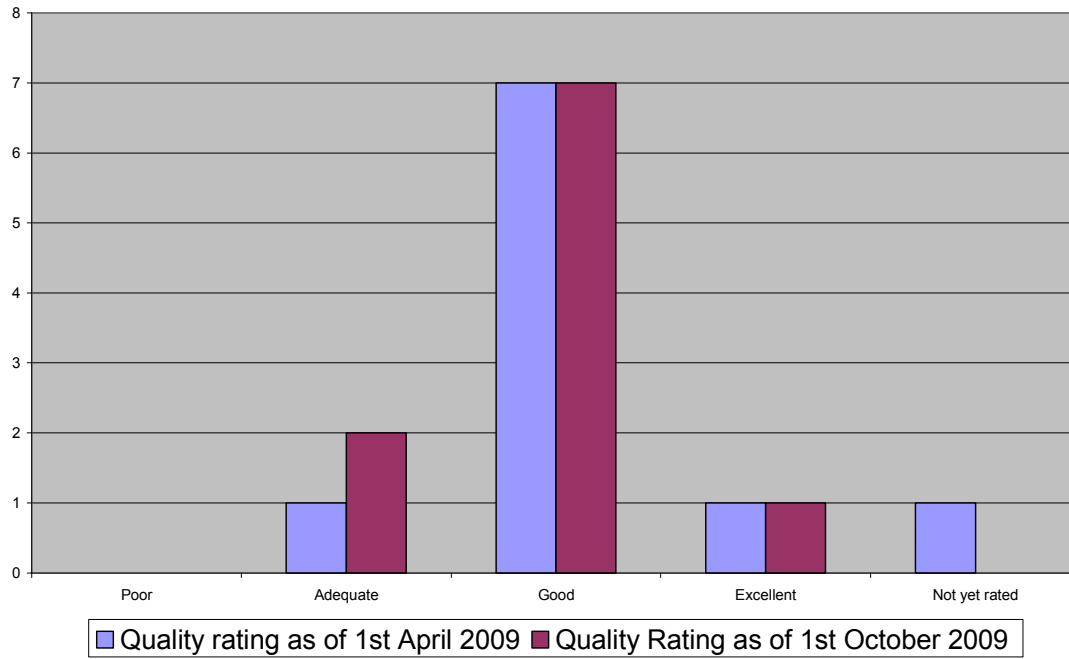
8. Trends in the overall quality of care homes from April to October 2009



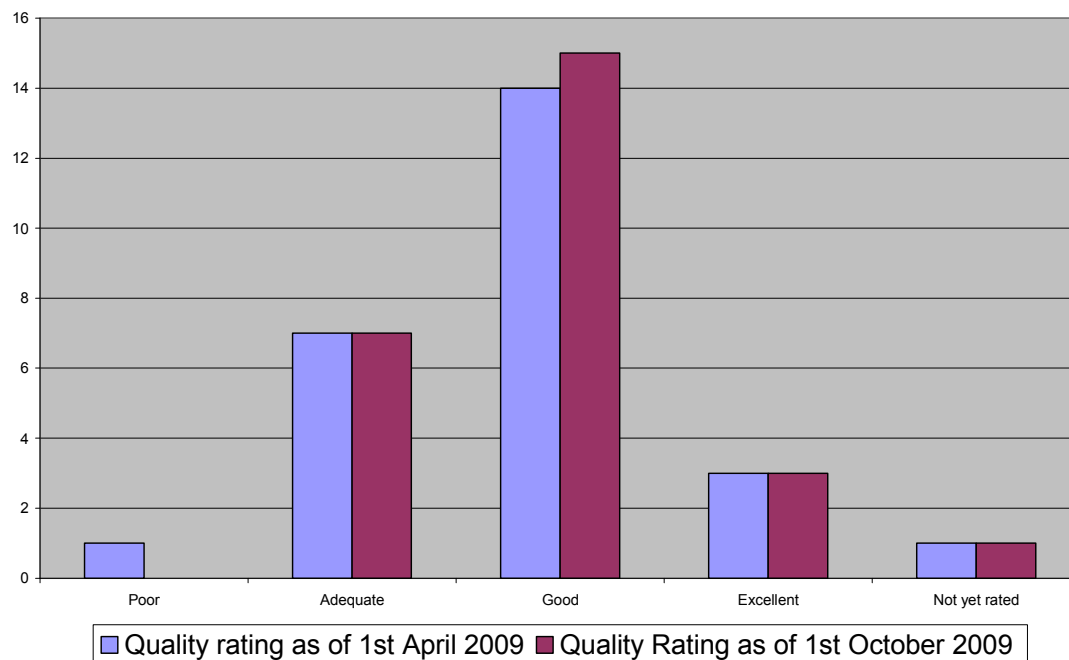
9. Quality trends in residential homes (35)



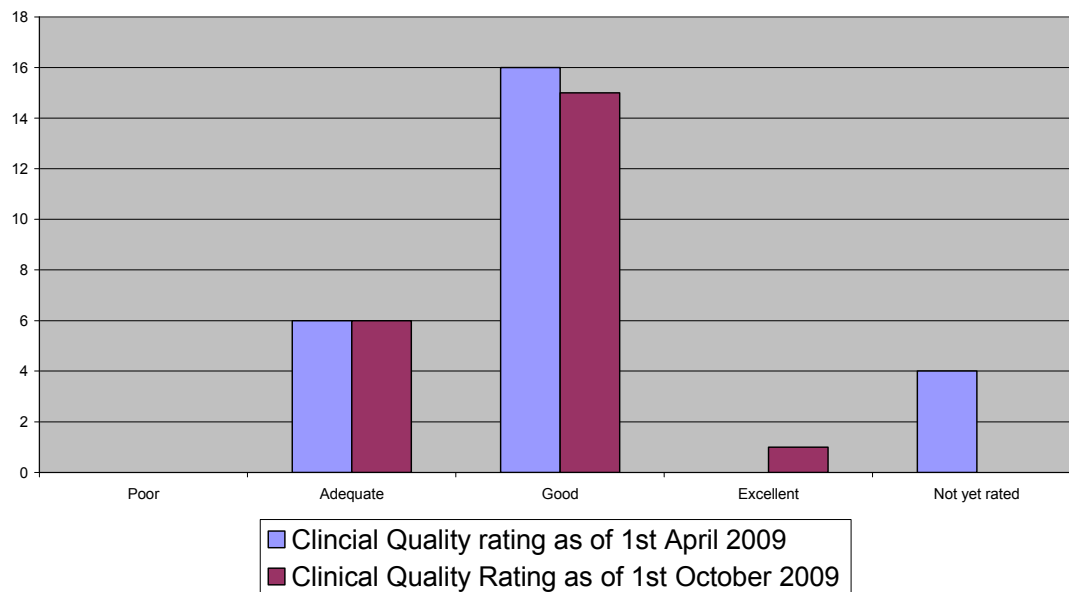
10. Quality trends in OPMH residential homes (10)



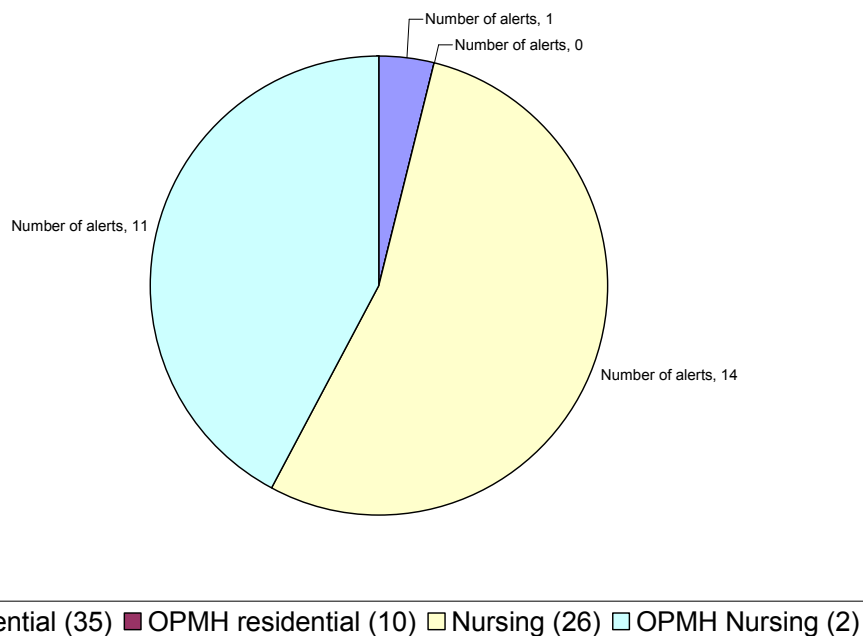
11. Quality trends in nursing homes (25)



12. Trends in the Clinical Quality of nursing homes and OPMH nursing homes



13. Number of alerts raised in all categories of care homes



14. Incidents and complaints reported from Service Users who receive Home Care

There have been 14 incidents/complaints reported to the Contract Unit in the six months April to Sep 09. They have been spread across 6 of our 10 main providers. The issues in summary have been:

Issue	Frequency
Missed calls or late calls	2
Mismatch of carer with service user	1
Not staying full agreed time/ rushing service user	
Poor quality care	1
Poor continuity	
Provider not responding to phone calls	1
Replacement carer not as goods as regular one	1
Inappropriate log entries/confidentiality	
Service user reported carer was rude	1
Total	7

15. Levels of safeguarding investigations for Home Care

Level Of Investigation	Number of Investigations carried out
Level One	7
Level Two	2
Level Three	1
Level Four	1

Documents In Members' Rooms

1. N/A

Background Documents

1. None